

**Registration Form
Barrhaven
INDOOR Fall / Winter 2017-2018**

Players Name:

Address:

City:

Postal Code:

Date of Birth:

Home Phone:

Emergency
Name & Phone

E-mail

Medical
Conditions:

- Program #1 Active Parents/Active Kids**
 Program#2 - Skill Development
 U/8 U/10 Boys Girls
 Program#3 - Academy league
 U/8 U/10 Boys Girls

Youth T-shirt	S		M		L		XL	
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**REGISTRATION IS NOT VALID UNLESS SIGNED BY PARENT OR
GUARDIAN FOR UNDERAGE PARTICIPANTS.
PARTICIPANT/PARENT/GUARDIAN
ACKNOWLEDGMENT AGREEMENT**

I hereby grant the above mentioned applicant permission to participate in the above programs. I agree to allow **WORLD SOCCER ACADEMY** to contact emergency personnel on behalf of the applicant in the result of any injuries incurred by the applicant while participating in their programs. I agree to release and indemnify **WORLD SOCCER ACADEMY** and its staff members from any and all claims for loss, injury or damage to persons and property while participating in this program or traveling to and/or from this program. I understand that WorldSoccer Academy retains the right to use any photographs, videotapes, motion picture recording or any other record of the event for publicity, advertising or any legitimate purpose.

Participant/Parent/Guardian (Please Print):

Signature:

Date:

26 Skyview Private K2G 6W6 OTTAWA ON
Phone: (613) 276 – 9031
Web: www.wsocceracademy.org